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MAY 13 2009

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE



STATE OF WASHINGTON APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☒ Add point(s) of diversion/withdrawal
- ☐ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY	
CHANGE No. <u>CS4-02017CTCL sb18</u>	WRIA <u>38</u>
DATE ACCEPTED <u>5, 13, 09</u>	BY <u>JMM</u>
FEE \$ <u>50.00</u>	REC'D <u>5, 13, 09</u>
CHECK No. <u>15717</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Gary D. Gollins</u>	PHONE NO. <u>(509) 965-9685</u>	FAX NO. ()
ADDRESS <u>5615 Cowiche Cyn Rd</u>		
CITY <u>Yakima</u>	STATE <u>WA</u>	ZIP CODE <u>98908-9480</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>co-applicant</u> <u>Ryan Omlin</u>	PHONE NO. <u>(509) 965-7526</u>	FAX NO. ()
ADDRESS <u>5617 Cowiche Cyn. Rd.</u>		
CITY <u>Yakima, WA 98908</u>	STATE <u>WA</u>	ZIP CODE <u>98908-9480</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>SB 18 Report of Court claim # 02017 Reteree, Pg. 286</u>	RECORDED NAME(S) <u>Lance + Eva Mifflin</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

<u>COURT CLAIM 02017</u> <u>SUB 18 COWICHE</u> <u>06-30-1889</u>			
FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

CS4-02017CTCL sb18

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Cowiche creek		NW	NW	16	13	18		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Cowiche creek		SE ¼	SW	9	13	18		
well		SE	SW	9	13	18		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☒ NO PROPOSED: ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

(well)

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 3.5 ac	0.07	14	4/1 - 10/31
our proportionate share is 0.02	4		" "
for 1 acre of irrigation			

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No change			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Lots 1 + 2 of AF # 7008111							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	SW	9	13	18	Yakima	151309-34401 + 34402	1.2
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Same as existing							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

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our proportionate share	is: 0.02	4	" "
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B. Proposed

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No change			

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Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Ryan Omlin</u>	5-12-09
<u>Gary Collins</u> (Applicant)	5/12/09 (Date)
<u>Ryan Omlin</u>	5-12-09
<u>Gary Collins</u> (Water Right Holder)	5/12/09 (Date)
<u>Ryan Omlin</u>	5-12-0
<u>Gary Collins</u> (Land Owner(s) of Existing Place of Use)	5/12/09 (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____